



**SOUTH STORMONT FIRE SERVICE
APPLICATION FOR VOLUNTEER FIRE FIGHTER**

"This application form complies with the Ontario Human Rights Code, R.S.O. 1990"

LAST NAME: _____ GIVEN NAME: _____

Street City Prov. Postal Code

TELEPHONE NO: (HOME) _____ (BUSINESS) _____

EDUCATION – Secondary School (highest grade or level completed):

COLLEGE / UNIVERSITY: Degree awarded YES NO

Have you ever been a member of a fire department? YES NO
If Yes, how many years? _____

What was the name of the Fire Department? _____

Are you legally eligible to work in Canada? YES NO

Are you over the age of 18 years? YES NO

Would you agree to a medical examination? YES NO

Do you have a Class "DZ" drivers permit? YES NO

Are you available to be called out both day and night? YES NO

If not both of the above, state which one you would be available ? DAY NIGHT

Please state why you would like to join this fire department:

Which station are you applying for:

LONG SAULT INGLESIDE

NEWINGTON ST. ANDREWS

Signature

Date